

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :  _____  ATTORNEY FOR <i>(Name)</i> : NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:  PLAINTIFF:  DEFENDANT:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
<b>NOTICE OF HEARING ON CLAIM OF EXEMPTION</b> <b>(Wage Garnishment—Enforcement of Judgment)</b>		LEVYING OFFICER FILE NO.:      COURT CASE NO.:

1. TO:

Name and address of levying officer _____  _____  <input type="checkbox"/> Claimant, if other than judgment debtor <i>(name and address):</i> _____  _____	_____  _____  _____  _____	Name and address of judgment debtor _____  _____  <input type="checkbox"/> Judgment debtor's attorney <i>(name and address):</i> _____  _____
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2. A hearing to determine the claim of exemption of

- ☐ judgment debtor  
☐ other claimant  
 will be held as follows:

a. date:	time:	<input type="checkbox"/> dept.:	<input type="checkbox"/> div.:	<input type="checkbox"/> rm.:
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b. address of court:

3. ☐ The judgment creditor will not appear at the hearing and submits the issue on the papers filed with the court.

Date:

.....  
 (TYPE OR PRINT NAME)



\_\_\_\_\_  
 (SIGNATURE OF JUDGMENT CREDITOR OR ATTORNEY)

**If you do not attend the hearing, the court may determine your claim based on the Claim of Exemption, Financial Statement (when one is required), Notice of Opposition to Claim of Exemption, and other evidence that may be presented.**

*(Proof of service on reverse)*

SHORT TITLE:	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
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### PROOF OF SERVICE BY MAIL

I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is *(specify)*:

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by enclosing true copies in a sealed envelope addressed to each person whose name and address is given below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of deposit:

(2) Place of deposit *(city and state)*:

### NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

### PROOF OF SERVICE—PERSONAL DELIVERY

I am over the age of 18 and not a party to this cause. My residence or business address is *(specify)*:

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by personally delivering copies to the person served as shown below.

#### PERSONS SERVED

Name

Delivery At

Date:

Time:

Address:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)